



Department of Medical Assistance Services
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MEDICAID MEMO

TO: All Providers and Managed Care Organizations
Participating in the Virginia Medical Assistance Programs

FROM: Patrick W. Finnerty, Director
Department of Medical Assistance Services (DMAS)

MEMO Special
DATE 07/07/2006

SUBJECT: Expansion of Medallion II & FAMIS Programs in Danville –
September 2006

The purpose of this memorandum is to inform you of the entry of an additional Managed Care Organization (MCO) into the Virginia Medicaid/FAMIS programs in Danville, Halifax, Pittsylvania and Charlotte. We are pleased to announce that Virginia Premier Health Plan will be entering these areas on September 1, 2006.

With the entry of another health plan into these four areas, managed care eligibles will have a choice between Optima and Virginia Premier in Danville, Pittsylvania, and Charlotte. Eligible enrollees in Halifax will be able to choose among Anthem HealthKeepers Plus, Optima, and Virginia Premier. The addition of Virginia Premier will provide patient choice, improved health outcomes and program stability for the region.

All Medicaid managed care eligibles who reside in Danville, Pittsylvania and Charlotte and who were enrolled in MEDALLION were returned to fee-for-service (regular) Medicaid on July 1, 2006. This transition to fee-for-service should have no impact on enrollees. During the transition, enrollees may continue to use their blue and white Medicaid card to access Medicaid care from Medicaid providers. No PCP referral will be necessary during this period. Letters explaining this transition were mailed to these impacted individuals in June. In late July, these former MEDALLION individuals in Danville, Pittsylvania, and Charlotte, and any new managed care eligibles in Danville, Pittsylvania, Charlotte, and Halifax will receive a pre-assignment letter and information from the Department to assist them in making their MCO selection which shall be effective September 1st. FAMIS enrollees will also receive a similar notice about the managed care changes in these areas.

IMPACT OF MCO EXPANSION ON PROVIDERS

To assist in the transition process, DMAS will be providing the MCOs with Medical Transition Reports. These reports will reflect individuals receiving certain medical services such as durable medical equipment (DME), pregnancy services, and dialysis, among others. This information will assure that services with authorizations, etc., are transferred to the MCOs without disruption.

Providers will be able to identify recipients enrolled in an MCO by their member ID card. Recipients may call the MCO to request replacement cards if needed. Recipients will also have a Medicaid ID card. If a Medicaid patient seeks services, you should always ask for their MCO member ID card *and* plastic Medicaid card. These cards will help you verify eligibility. In Danville, Pittsylvania and Charlotte, those individuals enrolled in MCOs will carry a card bearing the name of either Optima Family Care or Virginia Premier. In Halifax, individuals will carry Anthem HealthKeepers Plus, Optima Family Care, or Virginia Premier identification cards.

In preparation for the addition of Virginia Premier, MEDALLION enrollment in Danville, Pittsylvania, and Charlotte was ended on June 30, 2006. In order to continue to see patients who will be enrolled in one of the MCOs, you must have a contract with the MCO. If you wish to consider contracting with MCOs to provide services to their enrollees and to continue to serve your Medicaid, FAMIS Plus, and FAMIS patients in these areas, contact information for the MCOs is provided below:

Anthem HealthKeepers Plus	540-853-5077
Virginia Premier	804-819-5160
Optima Family Care	877-865-9075

DMAS encourages providers to contact the MCOs to begin the contracting and credentialing process. Please be aware that credentialing may take up to 90 days. If you are already an Anthem HealthKeepers Plus and/or an Optima Family Care provider, there will be no changes to your contracts.

Remember that you, as a Medicaid provider, may continue to see and treat individuals who are exempt from managed care and who are enrolled in Medicaid fee-for-service. These individuals include, but are not limited to, the following: recipients in nursing facilities; recipients in Intermediate Care Facilities for the Mentally Retarded (ICF/MR); recipients enrolled in Home- and Community-Based Waiver programs; and recipients who have other comprehensive group or individual health insurance, including Medicare. Those enrolled in Medicaid will continue to use the DMAS Medicaid card. You do not need to participate with an MCO to provide services to the Medicaid fee-for-service population. To provide services to Medicaid fee-for-service recipients you need only continue as an enrolled Medicaid provider.

If you are a MEDALLION PCP, please note that you will retain clients in your panel who live in adjacent areas where MEDALLION is a managed care option (*i.e.* Bedford, Franklin, and Henry Counties) or, where MEDALLION is the only managed care program (*i.e.* Campbell and Appomattox Counties). **NOTE: This change will not impact dental benefits for enrollees. Enrollees will continue to receive their dental care through the Department's Smiles for Children Program.** Additionally, certain services will be carved out of the MCOs and will continue to be covered by the Department. These services include: community rehabilitation mental health services, school health services, abortions where the life or health of the mother is

at risk, targeted case management, lead investigations, and specialized infant formula available through Virginia Department of Health WIC clinics.

IMPACT OF MCO EXPANSION ON ENROLLEES

If the recipient does not make an affirmative choice, s/he will be assigned to the contracted MCO listed in the pre-assignment letter. Recipients will be instructed to contact the Managed Care HELPLINE with questions related to their MCO assignment, or to make changes in their assignment during the enrollment period. The Managed Care HELPLINE assists recipients in selecting a plan, in addressing and documenting members' concerns, and in completing health status assessment surveys that are forwarded to the MCOs. Medicaid recipients may contact the Managed Care HELPLINE at 1-800-643-2273. FAMIS recipients should contact FAMIS at 866-873-2647 for assistance in picking a plan and in addressing questions/concerns about FAMIS.

We appreciate your continued support of these programs. If you have questions about this memo, please contact Kathleen Dickerson at 804-371-8852.

ELIGIBILITY AND CLAIMS STATUS INFORMATION

DMAS offers a web-based Internet option (ARS) to access information regarding Medicaid or FAMIS eligibility, claims status, check status, service limits, prior authorization, and pharmacy prescriber identification. The website address to use to enroll for access to this system is <http://virginia.fhsc.com>. The MediCall voice response system will provide the same information and can be accessed by calling 1-800-884-9730 or 1-800-772-9996. Both options are available at no cost to the provider.

"HELPLINE"

The "HELPLINE" is available to answer questions Monday through Friday from 8:30 a.m. to 4:30 p.m., except on state holidays. The "HELPLINE" numbers are:

1-804-786-6273	Richmond area and out-of-state long distance
1-800-552-8627	All other areas (in-state, toll-free long distance)

Please remember that the "HELPLINE" is for provider use only. Please have your Medicaid Provider Identification Number available when you call.

COPIES OF MANUALS

DMAS publishes electronic and printable copies of its Provider Manuals and Medicaid Memoranda on the DMAS website at www.dmas.virginia.gov. Refer to the "DMAS Content Menu" column on the left-hand side of the DMAS web page for the "Provider Services" link, which takes you to the "Manuals, Memos and Communications" link. This link opens up a page that contains all of the various communications to providers, including Provider Manuals and Medicaid Memoranda. The Internet is the most efficient means to receive and review current provider information. If you do not have access to the Internet or would like a paper copy of a

manual, you can order it by contacting Commonwealth-Martin at 1-804-780-0076. A fee will be charged for the printing and mailing of the manuals and manual updates that are requested.

PROVIDER E-NEWSLETTER SIGN-UP

DMAS is pleased to inform providers about the creation of a new Provider E-Newsletter. The intent of this electronic newsletter is to inform, communicate, and share important program information with providers. Covered topics will include changes in claims processing, common problems with billing, new programs or changes in existing programs, and other information that may directly affect providers. If you would like to receive the electronic newsletter, please sign up at www.dmas.virginia.gov/pr-provider_newletter.asp.

Please note that the Provider E-Newsletter is not intended to take the place of Medicaid Memos, Medicaid Provider Manuals, or any other official correspondence from DMAS.